



SCHEDULE CHANGE REQUEST FORM

ONE FORM PER CHILD

2021-22 School Year

Changes in your child's schedule will be accepted the 1st — 20th of the month preceding the month the change is to become effective. A \$5.00 service fee will be charged for all schedule changes. **This schedule change will not be processed without a \$5.00 payment attached.** Acceptable forms of payment include cash, check or credit card. *(If there is no change in your monthly payment, the fee will be waived.)* By signing below, you are authorizing the Geneva Park District to change your monthly payment. **Filling out this form does not guarantee a schedule change. Changes will be allowed based on availability at the specific site.** Please submit form to one of the following: Sunset Community Center- 710 Western Avenue, Fax to (630)232-4569 or email to info@genevaparks.com

Child's Name _____

Parent's Name _____

School/KZ Site _____

Phone Number _____

Change to become effective the 1st of (please check):

- September October November December January February March April May

**If the first of the month falls on a Tuesday-Friday, then your change will become effective the Monday preceding the first.*

NEW Schedule Requesting

AM OPTIONS:	1st child	2nd child	PM OPTIONS:	1st child	2nd child	AM & PM OPTIONS:	1st child	2nd child
<input type="checkbox"/> 5 day 6:30-8am	\$184/month	\$149/month	<input type="checkbox"/> 5 day 2:15-6pm	\$328/month	\$265/month	<input type="checkbox"/> 5 day 6:30-8am & 2:15-6pm	\$439/month	\$354/month
<input type="checkbox"/> 3 day 6:30-8am	\$121/month	\$99/month	<input type="checkbox"/> 3 day 2:15-6pm	\$217/month	\$175/month	<input type="checkbox"/> 3 day 6:30-8am & 2:15-6pm	\$285/month	\$229/month

If 3 day option was chosen, please indicate your 3 days: (must be consistent):

- Monday Tuesday Wednesday Thursday Friday

\$5 Schedule Change Fee (cash, check or credit card listed below):

MasterCard Visa Discover AMEX CHARGE CARD # _____ Exp. Date _____

***I authorize the Geneva Park District to change my monthly payment to reflect the new schedule.**



SIGNATURE OF PARENT/GUARDIAN _____

PRINT NAME _____

DATE _____

For Office Use Only

Current Status: _____ Approved by: _____ Date: _____ Effective: _____

Confirmed Parent/Legal Guardian Enrolled Child in program. Roster change completed _____

Schedule Change Payment Made by: CASH CHECK CC Processed by: _____ Date Processed: _____